

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD  
DIVISION OF MASTER PLUMBERS AND JOURNEYMAN PLUMBERS

237 Coliseum Drive

Macon, Georgia 31217-3858

(478) 207-2440 [Telephone] (866) 888-9718 [Fax]

[www.sos.ga.gov/plb/construct/pl](http://www.sos.ga.gov/plb/construct/pl)

**MASTER & JOURNEYMAN PLUMBERS**

STATEWIDE LICENSES

**...GENERAL INFORMATION...**

**OTHER MATERIALS MAILED TO APPLICANTS:**

**Approximately 45 Days Prior to the Examination**

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in the examination. ***It is your responsibility to schedule a seat with the testing service by their required deadline!***

**Approximately 2 Weeks Prior to the Examination**

Admission Notice from AMP to scheduled applicant, giving the date and location of the examination, as requested on the AMP-GA22 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.

**Approximately 45 Days After the Examination**

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their license identification card.

**LICENSES REQUIRED**

Master Plumber Licenses are required of persons who contract for plumbing services.

Journeyman Plumber Licenses are required of persons, other than Master Plumbers, who install, maintain, alter, or repair plumbing fixtures and systems under the direction of a master plumber.

See §43-14-2 of the enclosed Excerpts from the Board Laws and Rules for definitions and §43-14-13 for exemptions to the requirements.

**RESTRICTIONS ON STATEWIDE PLUMBER LICENSES**

**Statewide Journeyman Licenses** are required of persons, other than licensed Master Plumbers, who install, maintain, alter, or repair plumbing fixtures and systems under the direction of a Master Plumber.

**Statewide Master Plumber Licenses** are required of persons who perform or contract to perform plumbing services. Statewide Class I Master Plumber Licenses are restricted to plumbing involving single family dwellings, one-level dwellings designed for no more than 2 families, and commercial structures not exceeding 10,000 square feet.

Statewide Class II Master Plumber Licenses are unrestricted.

**Keep a complete copy of application materials you send to the board !**

## REQUIREMENTS FOR A STATEWIDE PLUMBER LICENSE

1. Completed original, notarized Application for License examination must be received in the Board office at least 60 days prior to the examination date. The Master & Journeyman Plumber board does not reciprocate with any other state.
2. **Nonrefundable** application fee: Check or money order made payable to "State Construction Industry Licensing Board." As provided by O.C.G.A. §16-9-20, a \$25.00 service fee will be assessed on dishonored checks.
3. Documented Experience: Document experience in plumbing work as would be covered by the Georgia State Plumbing Code. Applicants for master plumber license must document Primary Experience as defined in Board Rule 121-2-.02. Primary Experience is experience installing plumbing fixtures and systems, as a licensed master plumber, licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber. Persons who have experience as a journeyman plumber, master plumber, or plumbing contractor in a state that does not require a license, or who have experience as a plumbing foreman or plumbing superintendent in a job setting exempted from the licensure requirements, may submit documentation of the requirement or exemption with their application. Applicants for Class II Unrestricted Master Plumber License must document experience in commercial or industrial plumbing.
4. Master Plumber applicants **must** attach documentation of a current state issued journeyman license that has been active for at least 2 years or a master plumber license in another state. Documentation must include an issue date.
5. References: Three (3) references from licensed plumbers (at least one Licensed Master Plumber) who can attest to your good character and plumbing experience. **Beginning November 1, 2007**, reference forms from those people listed in Part III must be included with the application.  
Personal History: **Beginning November 1, 2007**, all applicants must include a background check with the application. This can be obtained from your local law enforcement center.
6. Examination: Pass the examination with a minimum score of seventy (70).

## CREDIT FOR DEGREE IN ENGINEERING OR TECHNICAL INSTITUTION CERTIFICATE

Education may be applied to the experience requirements. See Board Rule 121-2-.02 (6). Submit a transcript from your college or technical institute with your application, if applicable.

## APPLICATION DEADLINES

Applications and all supporting attachments, documentation, and **nonrefundable** application fee, must be **received in the Board office at least 60 days before the date of the examination**. Applications are reviewed by the Board. The Examination Scheduling Form (AMP-GA 22) must be received by AMP at least 40 days prior to the examination. Due to Federal Law, these deadlines cannot be waived. Please do not ask AMP, the Board, or staff to consider late applications.

**LAWS AND RULES** – Read the Excerpts from Georgia Construction Industry Licensing Board Laws and Rules thoroughly before completing the application. See the complete laws and rules at the board's web site at: [www.sos.ga.gov/plb/construct/pl](http://www.sos.ga.gov/plb/construct/pl) by clicking on download forms, then excerpts from the Laws & Rules.

## VETERANS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves, or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or were discharged for injury or illness incurred in the line of duty. To apply for veterans' preference, submit a copy of the DD214 form with the application. You will receive a separate letter notifying you of your eligibility.

**DISABILITY ACCOMODATION:** Persons who have a disability and may require accommodation should contact the Board office to obtain the "Request for Disability Guidelines" form. This application form, including requested documentation, must be received by the Board office by the application deadline.

## RE-EXAMINATION

Applicants who fail the examination and wish to retake the examination must submit a new "Examination Scheduling Form" (GA-22) and examination fee. AMP must receive this form at least 40 days prior to the examination. Approved applications are active for 2 years from the approval date or 2 years after the last examination taken by the applicant. Applicants who do not retake the examination during a 2-year period must submit a new application form and fee to the Board.

## EXAMINATION REVIEW COURSE

Applicants who fail the examination twice must complete an approved examination review course. (See List on Board website.) Documentation of a completed review course must be submitted to the Board office before being scheduled for the examination for the third time.

## FOR QUESTIONS:

Regarding the application – contact the board by telephone at (478) 207-2440.  
Regarding the examination – contact AMP at 1-(800) 345-6559.

**FOR BOARD USE ONLY**

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt number \_\_\_\_\_



**FOR BOARD USE ONLY**

License no. \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD**

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

[www.sos.ga.gov/plb/construct/pl](http://www.sos.ga.gov/plb/construct/pl)

**APPLICATION FOR LICENSE EXAMINATION AS A  
MASTER OR JOURNEYMAN PLUMBER**

**Application Fee \$30.00 (non-refundable)**

**In the form of a company or personal check or money order**

**License Type:**

\_\_\_ Master Plumber non-restricted \_\_\_ Master Plumber restricted \_\_\_ Journeyman Plumber

**Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards or by another state)** \_\_\_\_\_

*(If applying for a master license, you must attach documentation of having held a previous license.)*

**Method Obtained by:**

Applicant is applying for above referenced license by:

( **XXX** ) Examination

**See separate application for re-instatement by re-examination for licenses lapsed more than 3 years.**

**Name** \_\_\_\_\_  
First Middle Last Suffix

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number** (used for tracking purposes only)      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date of Birth** (mm/dd/yyyy) (required)

**Physical Address** \_\_\_\_\_  
**P.O. Box not acceptable**      Number and Street      Apt. No      City/State      Zip

**Mailing Address** \_\_\_\_\_  
(if different)      P.O. Box OR, Number and Street      Apt. No      City/State      Zip

Telephone Number Day \_\_\_\_\_ Telephone Number- Other \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ I am requesting Veterans' Preference Points, Attached is a copy of my DD-214

## PART II – EXPERIENCE RECORD

**INSTRUCTIONS:** Please read instruction thoroughly before completing application

- Applicants for a Journeyman License must list at least 3 years of experience.
- Applicants for a Master License must list at least 5 years experience, at least 2 years of which were as a licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber. Class II Non-Restricted Master Plumber applicants must describe experience with commercial or industrial plumbing.
- For each period of employment, list the information requested.
- Describe briefly, but concisely, the plumbing work you performed, your duties, and degree of responsibility. See Board Rule Chapter 121-2-.02 for a description of the experience requirements.
- Give the approximate number of hours per week you performed the duties described.
- **Attach additional pages, if necessary, using this format and writing your name at the top.**

### **SPECIFY WORK RELATING TO PLUMBING DUTIES – BEGIN WITH PRESENT EMPLOYMENT**

|  |                         |                          |                    |
|--|-------------------------|--------------------------|--------------------|
| Name of Employer:  |                         | Phone:(    )             |                    |
| Employer's Complete Address:                                   |                         |                          |                    |
| Name of Supervisor:  |                         | Job Title of Supervisor: | Type License Held: |
| Your Job Title:  | Employed: FROM: [Mo/Yr] |                          | TO: [Mo/Yr]        |
| Approximate # of Hours/Week you performed duties listed below: |                         |                          |                    |
| Description of Plumbing Duties:                                |                         |                          |                    |
|  |                         |                          |                    |
|  |                         |                          |                    |
|  |                         |                          |                    |
|  |                         |                          |                    |

  

|  |                         |                          |                    |
|--|-------------------------|--------------------------|--------------------|
| Name of Employer:  |                         | Phone:(    )             |                    |
| Employer's Complete Address:                                   |                         |                          |                    |
| Name of Supervisor:  |                         | Job Title of Supervisor: | Type License Held: |
| Your Job Title:  | Employed: FROM: [Mo/Yr] |                          | TO: [Mo/Yr]        |
| Approximate # of Hours/Week you performed duties listed below: |                         |                          |                    |
| Description of Plumbing Duties:                                |                         |                          |                    |
|  |                         |                          |                    |
|  |                         |                          |                    |
|  |                         |                          |                    |
|  |                         |                          |                    |

## EXPERIENCE RECORD, CONTINUED

|  |                          |                    |
|--|--------------------------|--------------------|
| Name of Employer:  |                          | Phone:(    )       |
| Employer's Complete Address:                                   |                          |                    |
| Name of Supervisor:  | Job Title of Supervisor: | Type License Held: |
| Your Job Title:  | Employed: FROM: [Mo/Yr]  | TO: [Mo/Yr]        |
| Approximate # of Hours/Week you performed duties listed below: |                          |                    |
| Description of Plumbing Duties:                                |                          |                    |
|  |                          |                    |
|  |                          |                    |
|  |                          |                    |
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|  |                          |                    |
|--|--------------------------|--------------------|
| Name of Employer:  |                          | Phone:(    )       |
| Employer's Complete Address:                                   |                          |                    |
| Name of Supervisor:  | Job Title of Supervisor: | Type License Held: |
| Your Job Title:  | Employed: FROM: [Mo/Yr]  | TO: [Mo/Yr]        |
| Approximate # of Hours/Week you performed duties listed below: |                          |                    |
| Description of Plumbing Duties:                                |                          |                    |
|  |                          |                    |
|  |                          |                    |
|  |                          |                    |
|  |                          |                    |

|  |                          |                    |
|--|--------------------------|--------------------|
| Name of Employer:  |                          | Phone:(    )       |
| Employer's Complete Address:                                   |                          |                    |
| Name of Supervisor:  | Job Title of Supervisor: | Type License Held: |
| Your Job Title:  | Employed: FROM: [Mo/Yr]  | TO: [Mo/Yr]        |
| Approximate # of Hours/Week you performed duties listed below: |                          |                    |
| Description of Plumbing Duties:                                |                          |                    |
|  |                          |                    |
|  |                          |                    |
|  |                          |                    |
|  |                          |                    |

### PART III – REFERENCES

#### INSTRUCTIONS:

List below the names, addresses, telephone numbers, and license numbers of three (3) Licensed Plumbers, who have knowledge of your plumbing experience, to whom the Division may refer. At least one plumber must be a Master Plumber. Attach reference letters from those persons listed below.

Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

License #: \_\_\_\_\_ Issuing state \_\_\_\_\_ ☐ Master Plumber ☐ Journeyman Plumber

Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

License #: \_\_\_\_\_ Issuing state \_\_\_\_\_ ☐ Master Plumber ☐ Journeyman Plumber

Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

License #: \_\_\_\_\_ Issuing state \_\_\_\_\_ ☐ Master Plumber ☐ Journeyman Plumber

### PART IV – PERSONAL HISTORY

Have you ever held a plumber's license? ☐ No ☐ Yes **If yes, you must attach required documentation.**

Type of plumber's license held: ☐ Journeyman ☐ Master **State board that issued license** \_\_\_\_\_

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or other state?

☐ No ☐ Yes If yes, explain \_\_\_\_\_

Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. ☐ No (Attach background check)

☐ Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

### PART V – CERTIFICATION

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state). \_\_\_\_\_  
Signature of Applicant Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires:



**Secretary of State**  
Professional Licensing Boards  
Division of Master & Journeyman Plumbers  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
[www.sos.ga.gov/plb/construct/pl](http://www.sos.ga.gov/plb/construct/pl)

Dear Sir or Madam:

The applicant (individual) named on this form is required to furnish evidence of his or her ability, experience, and professional skill in the field of Plumbing. The applicant is required to furnish the State Construction Industry Licensing Board, Division of Master and Journeyman Plumbers with three professional references attesting to his or her qualifications. These references must be licensed plumbers with at least one reference from a Master Plumber. These references must have worked directly with the individual on plumbing projects.

The Division wishes to point out that the statements submitted must be from personal knowledge only and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience.

Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

To further assure confidentiality, the enclosed form may be mailed by you (the reference) directly to:

Georgia State Construction Industry Licensing Board  
Attn: application reference  
Division of Master and Journeyman Plumbers  
237 Coliseum Drive  
Macon, GA. 31217-3858

Sincerely,  
State Construction Industry Licensing Board  
***Division of Master & Journeyman Plumbers***

**Division of Master & Journeyman Plumbers  
Applicant Reference Form**

Professional reference for:(Individual's Name)\_\_\_\_\_

Your name \_\_\_\_\_

Your complete address and phone number\_\_\_\_\_

\_\_\_\_\_  
Company/firm you are associated with: \_\_\_\_\_

Company address: \_\_\_\_\_

Street

City/State/Zip

Type of plumbing license you hold, issuing state, and number: State \_\_\_\_\_

Master # \_\_\_\_\_ Journeyman # \_\_\_\_\_

How long have you known the applicant? From \_\_\_\_\_ To \_\_\_\_\_

Are you in any way related to the applicant? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, how \_\_\_\_\_

If the applicant is connected with a firm, partnership or corporation, please give its name, address & phone number\_\_\_\_\_

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of plumbing: \_\_\_\_\_

Do you know anything that would reflect adversely on the applicant's integrity or character?

No\_\_\_\_\_ Yes\_\_\_\_\_If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Would you employ the applicant in a position of trust? \_\_\_\_\_ No \_\_\_\_\_ Yes

In your opinion, does the applicant have three (3) years of experience installing plumbing systems under a master plumber or 2 full years as a licensed journeyman plumber? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you recommend the applicant to be licensed as a \_\_\_\_\_ journeyman or \_\_\_\_\_ master restricted or \_\_\_\_\_master non-restricted plumber

(In order to be allowed to take the master restricted or master non-restricted exam, the applicant must have held a state journeyman license for at least two (2) full years from issue date.)

*I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty plumbing work. I swear the above statements to be true to the best of my knowledge under penalty of law.*

Signature\_\_\_\_\_ Date\_\_\_\_\_

Subscribed and sworn to before me this day: \_\_\_\_\_

Notary\_\_\_\_\_

Notary Signature & Date commission expires

SEAL





**Secretary of State**  
Professional Licensing Boards  
Division of Master & Journeyman Plumbers  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
[www.sos.ga.gov/plb/construct/pl](http://www.sos.ga.gov/plb/construct/pl)

Dear Sir or Madam:

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Macon, GA. 31217-3858

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State Construction Industry Licensing Board  
***Division of Master & Journeyman Plumbers***

**Division of Master & Journeyman Plumbers  
Applicant Reference Form**

Professional reference for:(Individual's Name)\_\_\_\_\_

Your name \_\_\_\_\_

Your complete address and phone number\_\_\_\_\_

\_\_\_\_\_  
Company/firm you are associated with: \_\_\_\_\_

Company address: \_\_\_\_\_

Street

City/State/Zip

Type of plumbing license you hold, issuing state, and number: State \_\_\_\_\_

Master # \_\_\_\_\_ Journeyman # \_\_\_\_\_

How long have you known the applicant? From \_\_\_\_\_ To \_\_\_\_\_

Are you in any way related to the applicant? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, how \_\_\_\_\_

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Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of plumbing: \_\_\_\_\_

Do you know anything that would reflect adversely on the applicant's integrity or character?

No\_\_\_\_\_ Yes\_\_\_\_\_If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Would you employ the applicant in a position of trust? \_\_\_\_\_ No \_\_\_\_\_ Yes

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Do you recommend the applicant to be licensed as a \_\_\_\_\_ journeyman or \_\_\_\_\_ master restricted or \_\_\_\_\_master non-restricted plumber

(In order to be allowed to take the master restricted or master non-restricted exam, the applicant must have held a state journeyman license for at least two (2) full years from issue date.)

*I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty plumbing work. I swear the above statements to be true to the best of my knowledge under penalty of law.*

Signature\_\_\_\_\_ Date\_\_\_\_\_

Subscribed and sworn to before me this day: \_\_\_\_\_

Notary\_\_\_\_\_

Notary Signature & Date commission expires

SEAL



**Secretary of State**  
Professional Licensing Boards  
Division of Master & Journeyman Plumbers  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
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State Construction Industry Licensing Board  
***Division of Master & Journeyman Plumbers***

**Division of Master & Journeyman Plumbers  
Applicant Reference Form**

Professional reference for:(Individual's Name)\_\_\_\_\_

Your name \_\_\_\_\_

Your complete address and phone number\_\_\_\_\_

\_\_\_\_\_  
Company/firm you are associated with: \_\_\_\_\_

Company address: \_\_\_\_\_

Street

City/State/Zip

Type of plumbing license you hold, issuing state, and number: State \_\_\_\_\_

Master # \_\_\_\_\_ Journeyman # \_\_\_\_\_

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Do you know anything that would reflect adversely on the applicant's integrity or character?

No\_\_\_\_\_ Yes\_\_\_\_\_If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
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Do you recommend the applicant to be licensed as a \_\_\_\_\_ journeyman or \_\_\_\_\_ master restricted or \_\_\_\_\_master non-restricted plumber

(In order to be allowed to take the master restricted or master non-restricted exam, the applicant must have held a state journeyman license for at least two (2) full years from issue date.)

*I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty plumbing work. I swear the above statements to be true to the best of my knowledge under penalty of law.*

Signature\_\_\_\_\_ Date\_\_\_\_\_

Subscribed and sworn to before me this day: \_\_\_\_\_

Notary\_\_\_\_\_

Notary Signature & Date commission expires

SEAL



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the Construction Industry Licensing Boards ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

☐ I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_\_ Working with mentally disabled

\_\_\_\_ Working with elder care

\_\_\_\_ Working with children

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

\_\_\_\_\_  
**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]